

# PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE**  
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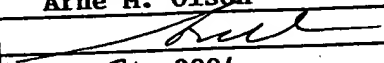
**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 05/06/2004  
**OLSON & HIERL, LTD.**  
 36th Floor  
 20 North Wacker Drive  
 Chicago, IL 60606

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Arne M. Olson** (Depositor's name)  
 (Signature)  
**May 26, 2004** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/972,812	10/05/2001	Thomas Clement Barthel	CMS-012	6757

TITLE OF INVENTION: ENDOSCOPE WITH FLEXIBLE LIGHT GUIDE HAVING OFFSET DISTAL END

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FLANAGAN, BEVERLY MEINDL	3739	600-139000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 1 \_\_\_\_\_  
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Clarus Medical, LLC**

**Minneapolis, Minnesota USA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

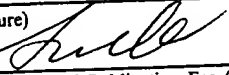
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(Authorized Signature)  (Date) **May 26 2004**

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**\$665.00 06/03/2004**

**CK**

**\$300.00 06/03/2004**

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